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OMB#: 2050-0175 Expires 12/31/2003

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for Submittal	Reason for Submittal:				
(See instructions on page 23)	☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).				
MARK CORRECT BOX(ES)	💥 To provide Subsequent Notification of Regulated Waste Activity (to update site identification information).				
*	☐ As a component of a First RCRA Hazardous Waste Part A Pemit Application.				
	☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #).				
	☐ As a component of the Hazardous Waste Report.				
Site EPA ID Number (See instructions on page 24)	EPA ID Number: W.V.R. O.O.O.O.O.T. 75.7				
3. Site Name (See instructions on page 24)	Name: WEST VIRGIMIA CORREcTIONAL INCLUSTRIES				
4. Site Location	Street Address: ONE Mountainside Way				
Information (See instructions on page 24)	City, Town, or Village: M+ Olive		State: WEST Virginia		
	County Name: FAYEHE 019		Zip Code: 25185		
5. Site Land Type (See instructions on page 24)	Site Land Type: Private County District Federal Indian Municipal State Other				
6. North American Industry Classification System (NAICS) Code(s) for the Site (See instructions on page 24)	A 922140 B.				
	C.	D.			
7. Site Mailing Address	Street or P. O. Box:				
(See instructions on page 25)	City, Town, or Village: SAME AS Above				
	State:				
	Country:		Zip Code:		
8. Site Contact Person (See instructions on page 25)	First Name: GEORGE	MI: M	Last Name:		
	Phone Number (304) 442 -5958		Phone Number Extension: 2/0/		
9. Legal Owner and Operator of the Site (See	A. Name of Site's Legal Owner: WEST VA. DIVISION OF CORREctions		Date Became Owner (mm/dd/yyyy):		
instructions on pages 25 to 26)	Owner Type: Private County District Federal Indian Municipal State Other				
,	B. Name of Site's Operator: W.V. CORRECTIONA! Indus	friEs	Date Became Operator (mm/dd/yyyy):		
	Operator Type: Private County District Federal Indian Municipal Catale Other				

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OMB#: 2050-0175 Expires 12/31/2003 EPAID NO. WY 200007757 10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30) A. Hazardous Waste Activities For Items 2 through 6, mark all that apply. 1. Generator of Hazardous Waste (Choose only one of the following three categories.) 2. Transporter of Hazardous Waste ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute 3. Treater, Storer, or Disposer of Hazardous Waste (at your hazardous waste; or site) Note: A hazardous waste permit is required for this ★ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute activity. hazardous waste; or 4. Recycler of Hazardous Waste (at your site) Note: A ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous hazardous waste permit may be required for this activity. 5. Exempt Boiler and/or Industrial Furnace In addition, indicate other generator activities. (Mark all that apply) ☐ a. Small Quantity On-site Burner Exemption d. United States Importer of Hazardous Waste ☐ b. Smelting, Melting, and Refining Fumace Exemption e. Mixed Waste (hazardous and radioactive) Generator 6. Underground Injection Control **B. Universal Waste Activities** C. Used Oil Activities (Mark all boxes that apply.) 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or 1. Used Oil Transporter - Indicate Type(s) of Activity(ies) more) [refer to your State regulations to determine what is regulated]. a. Transporter Indicate types of universal waste generated and/or accumulated at your □ b. Transfer Facility site. (Mark all boxes that apply): 2. Used Oil Processor and/or Re-refiner - Indicate Type(s) Generate Accumulate of Activity(ies) a. Processor \Box a. Batteries D b. Re-refiner а b. Pesticides 3. Off-Specification Used Oil Burner c. Thermostats d. Lamps 4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies) e. Other (specify) a. Marketer Who Directs Shipment of Off-Specification f. Other (specify) Used Oil to Off-Specification Used Oil Burner g. Other (specify) ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications ☐ 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity. Description of Hazardous Wastes (See instructions on page 31) A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed. 1001 003

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		OMB#: 2050-0175	5 Expires 12/31/2003
:	EPA ID No.	MVZQQQ	001757
B. Waste Codes for State-Regulated (i.e., n	on-Federal) Hazardous Wastes. Please list the waste codes of the St	ate-regulated hazardo	ous wastes handled
at your site. List them in the order they are pre	esented in the regulations. Use an additional page if more spaces are no	eeded for waste code	es.
		 	
		1	
12. Comments (See instructions on page 31)		
Head stadel	Codes.		
·			
system designed to assure that qualified perso manage the system, or those persons directly r	withat this document and all attachments were prepared under my direction that this document and evaluate the information submitted. Based on mesponsible for gathering the information, the information submitted is, to here are significant penalties for submitting false information, including the 31)	ny inquiry of the pers the best of my know	on or persons who dedge and belief,
Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	-	Date Signed (mm/dd/yyyy)
Die me pack	GEORGE M. Hill, Superin	FENCIENT	19 MAR 03
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
NOTIFICATIONS

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation is identified below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owner and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID No.: WVR000007757

Installation Address:

WEST VIRGINIA CORRECTIONAL INDUSTRIES ONE MOUNTAINSIDE WAY MT OLIVE, WV 25185

Mailing Address:

ONE MOUNTAINSIDE WAY MT OLIVE, WV 25185 ATTN: GEORGE HILL

Bre 11115

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

₽EPA

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

and Recovery Act). United States Environmental Protection Agency t. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number **B. Subsequent Notification** A. First Notification (Complete item C) 0 0 II. Name of Installation (Include company and specific site name) COMPLEX 5 III. Location of installation (Physical address not P.O. Box or Route Number) Street Street (Continued) City or Town State Zip Code **County Name** IV. Installation Mailing Address (See Instructions) Street or P.O. Box Zip Code City or Town State ර V. Installation Contact (Person to be contacted regarding waste activities at site) Name (Last) (First) Job Title Phone Number (Area Code and Number) VI. Installation Contact Address (See Instructions) B. Street or P.O. Box Location Mailing Oth State Zip Code City or Town VII. Ownership (See Instructions) A. Name of installation's Legal Owner Street, P.O. Box, of Route Number ANCH City or Town State Zip Code (Date Changed) D. Change of Owner Indicator C. Owner Type B. Land Type Phone Number (Area Code and Number) Month Day No Yes

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

The state of the s		ID - For Official Use Only
VIII. Type of Regulated Waste Activity (M		B. Used Oil Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rall 3. Highway 4. Water 5. Other - specify	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	1. Used Oil Fuel Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Use Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) a. Utility Bolier b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s)
IX. Description of Hazardous Wastes (Us	e additional sheets if necessary)	
A. Characteristics of Nonlisted Hazardo nonlisted hazardous wastes your installation	us Wastes. (Mark 'X' in the boxes correspo on handles; See 40 CFR Parts 261.20 - 261.24	
t. Ignitable 2. Corrosive 3. Reactive 4.1	Toxicity DO	
B. Listed Hazardous Wastes. (See 40 CFR	261.31 - 33; See instructions if you need to it	ist more than 12 waste codes.)
7 8	9 10	5 6 11 12 12 12 12 12 12 12 12 12 12 12 12
C. Other Wastes. (State or other wastes req	uiring a handler to have an I.D. number; See	instructions.)
1 2	3 4	5 6
X. Certification		
I certify under penalty of law that this documer system designed to assure that qualified person or persons who manage the system, or those po best of my knowledge and belief, true, accurate including the possibility of fine and imprison	nnel properly gather and evaluate the information ersons directly responsible for gathering the in , and complete. I am aware that there are signif	on submitted. Based on my inquiry of the person nformation, the information submitted is, to the
Signature	Name and Official Title (Type or pr	int) Date Signed
Timothy Duly	TEMOTHY DUNIAD IN	spector 30 Oct. 199
XI. Comments		
45T 11-18	115-	
B\$ 11/19	NC)
Note: Mail completed form to the appropriate E	EPA Regional or State Office. (Section III	Environmental Protection of the booklet for addresses.)
	Office of	Notifications



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

WVR000007757

11/20/96

HT OLIVE CORRECTIONAL COMPLE

1 HOUNTALKSIDE WAY BT OLINE , WY 25185

TINOTHY DUNEAR INSPECT

INSTALLATION ADDRESS

1 HOUNTAINSIDE WAY HT OLIVE , WV 25185.

EPA Form 8700-12A (6-90)